



Please return your completed form to Treasury@njhealth.org or M216.

Automated Recurring Donation Agreement

This agreement authorizes National Jewish Health to transfer funds as a donation from a donor's personal bank account or credit card on a monthly basis. Transfers will occur on the 15th day of each month. This agreement will remain in effect until written notification from the donor is received.

Name: _____

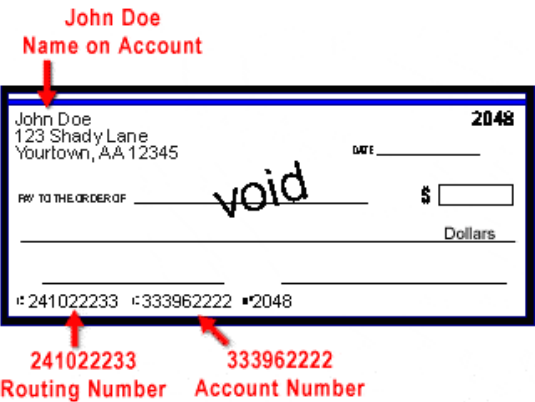
Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Checking/Savings Information:

Account Number: _____ Checking Savings

Routing Number (found in the lower left hand corner of your check): _____



I authorize the transfer of \$ ____ from my bank account to the bank account of National Jewish Health. I understand a record of each donation will be included in my monthly bank statement. I understand that this agreement will remain in effect until I send written notification to National Jewish Health. Transactions will discontinue 10-business days from receipt of notification.

Please include a voided check with this agreement. Transfers will not begin until a voided check and written notification has been received by National Jewish Health.

Signature Date

Credit Card Information:

Credit Card Number: _____ Expiration Date: ____/____

Visa Master Card Discover American Express

I authorize the transfer of \$ ____ from my credit card to National Jewish Health. I understand a record of each donation will be included on my monthly statement. I understand that this agreement will remain in effect until I send written notification to National Jewish Health.

Signature Date

Please return your completed form to Treasury@njhealth.org or M216. National Jewish Health is a non-profit, 501(c)3 organization. Your contributions are tax-deductible. You will receive an annual statement of contributions for your records.

Thank you for your most generous donation!